| í                       | PATENT A                                       | APPLICATIO<br>Effectiv                    | N FEE DI<br>e Decem |                                         |                     | ON RECO          | RD       |              | 99 kg                  | 26  | 0 117               |                        |
|-------------------------|------------------------------------------------|-------------------------------------------|---------------------|-----------------------------------------|---------------------|------------------|----------|--------------|------------------------|-----|---------------------|------------------------|
|                         |                                                |                                           |                     |                                         |                     |                  |          |              |                        |     |                     | THAN<br>ENTITY         |
| TO                      | TAL CLAIMS                                     |                                           |                     |                                         | ·                   |                  | R        | ATE          | FEE                    | 1   | RATE                | FEE                    |
| FOR                     |                                                |                                           | NUMBER FILED        |                                         | NUMBER EXTRA        |                  | BAS      | HC FEE       | 150.00                 | OR  | BASIC FEE           | 300.00                 |
| TOTAL CHARGEABLE CLAIMS |                                                |                                           | minus 20=           |                                         | •                   |                  | XS       | 5 25=        |                        | OR  | X\$50=              |                        |
| INDEPENDENT CLAIMS      |                                                |                                           | minus 3 =           |                                         | •                   |                  | X        | 100=         |                        | 1   | X200=               |                        |
| MU                      | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT              |                                         |                     |                  | $\vdash$ |              |                        | OR  |                     |                        |
| • If                    | the difference                                 | in column 1 is                            | less than ze        | ero enter                               | "0" in c            | olumn 2          | <u> </u> | 80=          |                        | OR  | +360=               |                        |
| ••                      |                                                | TC                                        | OTAL                | · -                                     | OR                  | ,                |          |              |                        |     |                     |                        |
|                         | · ()                                           | LAIMS AS A<br>_(Column_1)                 | MICHUEL             | - PAH<br>(Colur                         |                     | (Column 3)       | SA       | ALL I        | ENTITY                 | OR  | OTHER<br>SMALL      |                        |
| ENTA                    | 1119/05                                        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVIO<br>PAID           | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA | R        | ATE          | ADDI-<br>TIONAL<br>FEE |     | RATE <sub>.</sub> . | ADDI-<br>TIONAL<br>FEE |
| MENDMENT                | Total                                          | · 10                                      | Minus               | ** ~                                    | 20                  | =                | XS       | 25=          |                        | OR  | X\$50=              |                        |
| AME                     | Independent                                    | · //O                                     | Minus               | •••                                     | 5                   | - 5              | X        | 00=          | 500                    | OR  | X200=               | ·                      |
|                         | FIRST PRESENTATION OF MULTIPLE DEPENDE         |                                           |                     | PENDENT                                 | CLAIM               |                  |          | •            |                        |     | .360-               |                        |
| WW (D) \$500 OR +360=   |                                                |                                           |                     |                                         |                     |                  |          |              |                        |     |                     |                        |
|                         | •                                              | (Column 1)                                |                     | (Calu                                   | ~~ O\               | (Cal., 0)        |          | T. FEE       | 500                    | OR  | ADDIT. FEE          |                        |
| ENT B                   |                                                | CLAIMS REMAINING AFTER AMENDMENT          |                     | (Colui<br>HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA | R        | ATE          | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT               | Total                                          | *                                         | Minus               | **                                      |                     | = .              | . X\$    | 25=          |                        | OR  | X\$50=              |                        |
| ME                      | Independent                                    |                                           | Minus               | ***                                     |                     | =                | XI       | 00=          |                        | OR  | X200=               |                        |
| _                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA   |                                           |                     |                                         | CLAIM               |                  |          |              |                        |     |                     | •                      |
| . L                     |                                                |                                           |                     |                                         |                     |                  |          | 80=<br>TOTAL |                        | OR  | +360=               |                        |
|                         |                                                |                                           | •                   |                                         |                     |                  |          | T. FEE       |                        | OR  | ADDIT. FEE          |                        |
| ,                       |                                                | (Column 1)<br>CLAIMS                      |                     | (Colur                                  | EST                 | (Column 3)       |          | - 7          | 450t                   | l 1 |                     | 4001                   |
| <b>AMENDMENT</b> C      |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                     | PREVIO<br>PAID                          | DUSLY               | PRESENT<br>EXTRA | R/       | ATE          | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| QN                      | Total                                          | •                                         | Minus               | **                                      |                     | =                | ×\$      | 25=          |                        | OR  | X\$50=              |                        |
| AME                     | Independent                                    | *                                         | Minus               | ***                                     | <u> </u>            | =                | X1       | 00=          | -                      | OR  | X200=               |                        |
|                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                     |                                         |                     |                  |          |              |                        |     |                     |                        |
|                         | •                                              |                                           | •                   |                                         |                     |                  |          | 80=          |                        | OR  | +360=               |                        |
|                         |                                                |                                           |                     |                                         |                     |                  |          |              |                        |     |                     |                        |
|                         |                                                |                                           |                     |                                         |                     |                  |          |              |                        |     |                     |                        |